## FCC 395

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076

**FULL TIME** 

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.] SECTION 1 - General Information 1. Name and Mailing Address of Respondent Buffalo-Lake Erie Wireless Systems, LLC Check here if this is a change of address. 4915 Auburn Ave., Ste 208 Bethesda, MD 20814 2. Year Report Filed 3. Reporting Period (Ending Date of Pay 4. Number of Full-Time Employees during Selected

2018 SECTION 8 - Full-Time Employees.				March	1 30, 201	8		Reporting Period (check one):  a.  Fewer than 16 (complete Sections I, IV, and V only)  b. 218 or more (complete all sections)									
местиля в - Рив-тине Етрисую			Number of Employees (Report employees in only one category)														
Job									Race/Ethnicity	1							
Categories		Hispenic or Lutino		Not-Hisperic or Latino													
				Male							r	Far	nale			Columns A - N	
l		Male	Male Fernale	White	Black or African American	Native Hawaiien or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Bleck or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		A	В	С	D	E	F	G	н	1	J	к	L	М	N	٥	
xecutive/Senior Level Miciels and Managers	1.1			1			1			2						0	
rstAfid-Level Officials and lanagers	1.2									2						0	
rolessionals	2															0	
Maintenance	3			3								<u> </u>				0	
ales Workers	4		2	10	3			1		2	3			:		0	
dministrative Support forkers	5			5						2	1					0	
rati Workers	6		,													0	
peratives	7															0	
aborers and Helpers	8															0	
envice Workers	8															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11															0	
			•											-	Revised Dec	FCC 395 ember 2007	

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Job		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
Categories	i	Hispanic or Latino		Not-Hispanic or Latino												
	ļ			Male Female											Total Columns A - N	
		Male	Female	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hewaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		A .	6	С	D	E	F	G	I	ı	J	к	ı	M	N	0
ecutive/Senior Level Ticlels and Managers	3.1							ļ								0
rst/Mid-Level Officials and anagers	1.2															0
rofessionals	2															0
schnicians	3															0
ales Workers	4		1		1					1	1					0
dministrative Support forkers	5															0
raft Workers	6															0
peratives	7															0
borers and Helpers	8															0
ervice Workers	•															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11														Ì	0
CTION IV - Report of Disc	rimina	tion Compl	ninte Pursue	nt to 47 CFR	22.321, 23.5	5 <b>, 99,168</b> , 101	A, and 101.	311.			L			L1	<u> </u>	
This is to advise to company before a	rny box	ly having co	ompetent jurisc	diction in suc	h matters duri	ng the calenda	ar year cover	ed by this rep	ort.							
This is to advise to (Attach a list indic	he Cor ating p	nmission the arties involv	at the following red, date filled,	complaints courts or ag	alleging violat encies before	ions of the pro which the ma	wisions of en Iter has been	y equal empk heard, file nu	syment apport imber or other	unity statute i designation,	have been file and current s	d against this tatus or dispo	company, sition.			
ECTION V - Certification ertily that to the best of my k	nowles	os. Informa	dion, and belle	d. all stateme	ents in this rec	ort are true ar	od correct						<u> </u>			
te ,	Typed	or Printed I	Varme of Perso	n Signing			Signature	<del>/</del>					Telephone N	o. ,		
	-		CAS										(71			